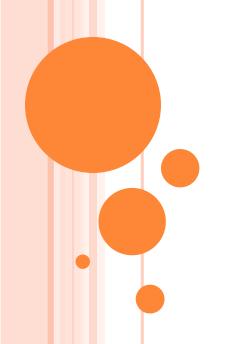
H1N1 NON- NEVADA WEBIZ PROVIDERS

HOW TO COMPLY WITH MANDATORY DATA REPORTING







H1N1 DATA REPORTING

- All H1N1 providers must comply with submitting specific data to comply with state law and federal requirements.
- All H1N1 providers have been broken down by:
 - Nevada WebIZ Providers
 - Non-Nevada WebIZ Providers

Nevada WebIZ = Nevada Immunization Registry

FORMS

- Two sets of forms
 - "H1N1 Patient Chart Record"
 - "H1N1 Aggregate Doses Reporting"

Complete one form per H1N1 patient



Keep one copy in patient's chart



Submit one copy to the Nevada Immunization Program on weekly basis via fax or mail.

H1N1 PATIENT CHART RECORD



STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH DIVISION

IMMUNIZATION PROGRAM

4150 Technology Way, Suite 210 Carson City, Nevada 89706

Telephone: (775) 684-5900 · Fax: (775) 883-4732 OR (775) 883-3768

FACILITY CONT	ACT INFO	please prin	t)	<u> </u>			
Facility Name:			,	Facility Address:			
Name of Facility Representative:				-			
Pin Number:				Facility Phone Number	:		
PATIENT INFO							
Last Name:			First Name:		Date of Birth: Not Available (mm/dd/yyyy)		
Gender: (check one)			Mailing Address: Street:				
□ Male Phone Number: ()			City, County, State, 2	Zip Code:	City, County, State, Zip Code:		
State, Country of Birth:			Priority Group: (chec	s & caregivers for children	Ethnicity: (check one) Hispanic or Latino Non-Hispanic or Latino Unknown		
Child Only (birth-18 yrs old) Mother's Full Name: Mother's Maiden Last Name:			personnel 6 months - 18 yrs. 6 19 through 24 yrs. 6 25 - 64 yrs. old with conditions.	old	Race: (check all that apply) Caucasian Black/African American American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander Unknown		
VACCINES Circle vaccine administered	DATE GIVEN	DOSE # Circle dose #	L	OT#	SITE Circle site administered	ROUTE	
MedImmune					Intranasal	Nasal	
GSK CSL 1 2 Sanofi					Left Thigh Right Thigh Left Deltoid Right Deltoid	Intramuscular	
Novartis					Left Arm Right Arm		
VACCINE INFORMATION STATEMENT (VIS)			VACCINATOR				
DATE VIS GIV			NAME & TITLE	OF VACCINATOR	SIGN	ATURE	
mm/dd/yyyy	□ Same as V		Name: Title:				
NEVADA STATE HEA			E ONLY:	1		Revised 9/2009	
	Date Fori	n Received		Dat	e Recorded into Nevada W	/ebIZ	

Complete one form per H1N1 patient



Keep one copy in patient's chart



Submit one copy to the **Nevada Immunization Program on weekly** basis via fax or mail.

H1N1 PATIENT CHART RECORD



STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH DIVISION

IMMUNIZATION PROGRAM

4150 Technology Way, Suite 210

Carson City, Nevada 89706

		тегериоп	le: (773) 084-3900 · Fax:	(773) 883-4732 OK (773)	883-3708		
FACILITY CONTA	ACT INFO (please print	t)				
Facility Name:	BC Clinic			Facility Address:			
Name of Facility Representative:	Suzy Que			1111 Nevada St. Reno, NV 89503			
Pin Number:	456			Facility Phone Number: (775) 555-1212			
PATIENT INFO							
Last Name:			First Name:		Date of Birth:	□ Not Available	
Smit	h		John		(mm/dd/yyyy) 01	/01/1999	
Gender: (check one)			Mailing Address: Street:	□ Not Available	Physical Address: Street:	□ Not Available	
X Male			555 S. W	Vinter St.	SAME		
Phone Number:			City, County, State, Z	ip Code:	City, County, State,	Zip Code:	
⁽ 775 ⁾ 787-11:	11		Reno, Washo	e. NV. 89512			
State, Country of Birt	State, Country of Birth:			x all that apply) & caregivers for children	Ethnicity: (check one) Hispanic or Latino Non-Hispanic or Latino		
Camorina, Co	California, OSA			ths	□ Unknown		
Child Only (birth-18 yrs old) Mother's Full Name: Jane Smith Mother's Maiden Last Name: Robertson			personnel 6 months - 18 yrs. o 19 through 24 yrs. o 25 - 64 yrs. old with conditions.	nths - 18 yrs. old rough 24 yrs. old i4 yrs. old with underlying medical - Raca/African American - American Indian/Alaska Native - Asian			
VACCINES Circle vaccine administered	DATE GIVEN	DOSE # Circle dose #	LC	OT#	SITE Circle site administered	ROUTE	
MedImmune					Intranasal	Nasal	
GSK CSL Sanofi Novartis	10/12/0	1 2	12456789		Left Thigh Right Thigh Left Deltoid Right Deltoid Left Arm Right Arm	Intramuscular	
VACCINE INFORMATION STATEMENT (VIS)			VACCINATOR				
DATE VIS GIV	EN TO PAT	TIENT	NAME & TITLE	OF VACCINATOR	SIGN	NATURE	
Same as Vaccine Date			Nurse		R. Rodri		
NEVADA STATE HEAI			E ONLY:	n.	e Recorded into Nevada W	Revised 9/2009	
Date Form Received				Dat	e Recorded into Nevada W	VeoIZ	

Track all H1N1 doses administered (in whole numbers) for the specific week (Sun. – Sat.)



Submit by fax every Monday by 12pm (Noon) for previous Sun. – Sat. week



Can use Tick-Mark Chart to help keep track

H1N1 AGGREGATE DOSES REPORTING FORM



STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH DIVISION IMMUNIZATION PROGRAM

4150 Technology Way, Suite 210 Carson City, Nevada 89706

Telephone: (775) 684-5900 · Fax: (775) 883-4732 OR (775) 883-3768

FACILITY CONTAC	CT INFO (please prin	t)						
Facility Name:				Facility A	ddress:			
Name of Facility								
Representative:								
Pin Number:					hone Number:			
				I welley I	none I tamber			
WEEK DOSES ADM	IINISTERED							
Check the (1) w	reek H1N1 doses were adı	ninistere	ed (Sunday – Sa	turday).				
□ 10/4/09 − 10/10/09	□ 11/29/09 − 12/5/09		1/10 - 1/30/10		/10 - 3/27/10	□ 5/16/10 -		
□ 10/11/09 − 10/17/09	□ 12/6/09 − 12/12/09		1/10 - 2/6/10		/10 – 4/3/10	5/23/10 -		
□ 10/18/09 – 10/24/09 □ 10/25/09 – 10/31/09	□ 12/13/09 − 12/19/09 □ 12/20/09 − 12/26/09		$10 - \frac{2}{13} \frac{10}{10}$		10 - 4/10/10	5/30/10 -		
□ 10/23/09 = 10/31/09 □ 11/1/09 = 11/7/09	□ 12/20/09 = 12/20/09 □ 12/27/09 = 1/2/10		1/10 - 2/20/10 1/10 - 2/27/10		/10 = 4/17/10 /10 = 4/24/10	□ 6/6/10 − □ 6/13/10 −		
□ 11/8/09 − 11/14/09	□ 1/3/10 − 1/9/10		3/10 - 3/6/10		$\frac{10 - \frac{4}{24}}{10 - \frac{5}{110}}$	□ 6/20/10 -		
□ 11/15/09 - 11/21/09	\Box 1/10/10 - 1/16/10		10 - 3/13/10		10 - 5/8/10	□ 6/27/10 -		
□ 11/22/09 − 11/28/09	\Box 1/17/10 - 1/23/10	□ 3/14	1/10 - 3/20/10	□ 5/9/1	10 - 5/15/10			
	DOSES ADMINIST					<u>'</u>		
	ber of H1N1 doses admini	istered p			listed above in w	hole number	es only.	
Age Group	Dose 1		Dose	2				
6 – 23 months old								
24 - 59 months old								
5 – 18 years old					Unkno			
19 – 24 years old					(Age Gr	oup)		
25 – 49 years old								
50 - 64 years old								
65+ years old								
	<u>Total</u>		<u>Tota</u>	<u>l</u>	<u>Tota</u>	<u>l</u>	2	Grand Total
PRIORITY GROUP								
	H1N1 doses administer tients in more than on			below for	the week listed	above in w	hole numbers	only for both Dose 1
Pregnant Women	Household contact		Healthca	re &	6 months th	բույցի 24	25 through	gh 64 years old with
I TERMINE II OMEM	caregivers for child		emergency				underlying medical conditions	
	younger than 6 mor		services pe		-			
SIGNATURE & DAT	ГЕ				·		·	
Provide signatu	re & date of facility repre	sentative	to verify this is	nformation	is correct and tru	e to their kno	wledge.	
6:								
Signature NEVADA STATE HEALT	TH DIVISION OFFICE US	E ONL V			Date			Revised 10/2009
DA STATE HEAD	Date Form Received	LONEI	•			Date Doses	Recorded	Revised 10/2009

Track all H1N1 doses administered (in whole numbers) for the specific week (Sun. – Sat.)



Submit by fax every Monday by 12pm (Noon) for previous Sun. – Sat. week



Can use Tick-Mark Chart to help keep track

H1N1 AGGREGATE DOSES REPORTING FORM



STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH DIVISION IMMUNIZATION PROGRAM

4150 Technology Way, Suite 210 Carson City, Nevada 89706

Telephone: (775) 684-5900 · Fax: (775) 883-4732 OR (775) 883-3768

FACILITY CONTACT INFO (please print)									
Facility Name:	``			Facility A	ddress:				
ABC Clinic					1111 Novedo Ct				
Name of Facility					1111 Nevada St.				
Popuscentativas					no, NV 895	03			
Suzy Que									
Pin Number:	3456			Facility P	hone Number:	(775)	555-1212		
WEEK DOSES ADM	IINISTERED								
	eek H1N1 doses were adn	ninister (d (Sunday – Sa	turday).					
10/4/09 - 10/10/09	□ 11/29/09 − 12/5/09 □ 1/24/10 − 1/29/10		o/21	10 – 3/27/10	□ 5/16/10 -	- 5/22/10			
□ 10/11/09 - 10/17/09	□ 12/6/09 - 12/12/09	□ 1/31/	/10 - 2/6/10	□ 3/28/	10 - 4/3/10	□ 5/23/10 -	- 5/29/10		
□ 10/18/09 − 10/24/09	□ 12/13/09 – 12/19/09		10 - 2/13/10		0 - 4/10/10	□ 5/30/10 -			
□ 10/25/09 − 10/31/09	□ 12/20/09 − 12/26/09		/10 - 2/20/10		/10 – 4/17/10	□ 6/6/10 −			
□ 11/1/09 − 11/7/09	□ 12/27/09 − 1/2/10		/10 - 2/27/10		/10 - 4/24/10	□ 6/13/10 -			
□ 11/8/09 − 11/14/09 □ 11/15/00 11/21/00	□ 1/3/10 − 1/9/10 □ 1/10/10 1/16/10		/10 - 3/6/10		10 - 5/1/10	□ 6/20/10 - - 6/27/10			
□ 11/15/09 − 11/21/09 □ 11/22/09 − 11/28/09	□ 1/10/10 − 1/16/10 □ 1/17/10 − 1/23/10		10 - 3/13/10 10 - 3/20/10		0 - 5/8/10 0 - 5/15/10	□ 6/27/10 -	- //3/10		
L 11/22/09 - 11/26/09	L 1/1//10 - 1/23/10	U 3/14/	710 - 3/20/10	U 3/9/1	0 - 3/13/10				
	DOSES ADMINISTI								
	ber of H1N1 doses admini Dose 1	stered pe	er age below to Dose		isted above in w	hole number	's only.		
Age Group 6 - 23 months old			Dose	<u> </u>					
	14								
24 – 59 months old									
5 – 18 years old	10		33	Unkno					
19 – 24 years old			11		(Age Gr	oup)			
25 – 49 years old	21								
50 – 64 years old									
65+ years old									
	<u>Total</u>		<u>Total</u>		<u>Total</u>		Grand Total		
	45		44		6		95		
PRIORITY GROUPS									
Record the number of	H1N1 doses administer	ed per p	riority group	below for	the week listed	above in w	hole numbers only for both Dos	e 1	
2 -ou may mark par	tients in more than on	e priori	ity group.						
Pregnant Women	Housenoia contact		<u>Healthca</u>	are & 6 months through 2		rough 24	25 through 64 years old with		
	caregivers for child		emergency		yrs. o	<u>ld</u>	underlying medical conditions		
	younger than 6 mon	<u>ıths</u>	services pe	<u>rsonnel</u>					
15 19		70)	6		110			
SIGNATURE & DAT									
Provide signatu	re & date of facility repres	sentative	to verify this is	nformation	is correct and tru	e to their kno	wledge.		
Suzu	2110				10/12/0	19			
Signature	<u>~</u> ve				Date				
	TH DIVISION OFFICE USI	E ONLY:			Date		Revised 10	/2009	
	Date Form Received					Date Doses			

	H1N1 Tick-Mark Tracking Sheet (for whole-number entry in Aggregate Doses Report)									
Week of:				_ (Sunday - Satu	rday) U	SE THIS PAGE F	OR 1 ST DOSE			
Age Groups*	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
6-23 months old										
24-59 months old										
5-18 years old										
19-24 years old										
25-49 years old										
50-64 years old										
65+ years old										
Priority Groups†	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
Pregnant Women Household contacts										
& caregivers for children younger than 6mos										
Health Care & Emergency Medical Services Personnel										
6 mos 18 yrs. old										
19 - 24 yrs. old										
25 yrs 64 yrs. old w/underlying medical conditions										
*C	Count each patie	nt once for their A	ge Group	† You may mark pa	tients in more tha	n one priority group	1			

H1N1 Tick-Mark Tracking Sheet (for whole-number entry in Aggregate Doses Report)									
Week of:				_ (Sunday - Satu	rday) US	E THIS PAGE F	OR 1 ST DOS		
Age Groups*	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
14 6-23 months old	-1111	-1111			1111				
24-59 months old									
5-18 years old	нт			-##					
19-24 years old									
25-49 years old									
50-64 years old									
65+ years old									
Priority Groups†	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Pregnant Women 15	-##		-1111						
Household contacts & caregivers for children younger than 6mos									
Health Care & 4 Emergency Medical Services Personnel		Ш							
6 mos 18 yrs. old									
19 - 24 yrs. old									
25 yrs 64 yrs. old w/underlying medical conditions									
	Count each patie	ent once for their A	ge Group †	You may mark pa	tients in more than	one priority group			

H1N1 VACCINATIONS: THE PROCESS FLOW NON-NEVADA WEBIZ PROVIDERS

Complete "H1N1 Patient Chart Record" for each dose given



Keep one copy in the patient's chart



Submit one copy to the NSIP by fax or mail on weekly basis.

(775) 883-4732

OR

(775) 883-3768

AND

Track <u>all</u> doses given on tick-mark sheet (use as daily worksheet <u>only</u>)



Complete "H1N1
Aggregate Doses
Reporting" form (use whole numbers only)



Fax completed "H1N1
Aggregate Doses
Reporting" form every
Monday by 12pm
(Noon) for the previous
Sunday - Saturday H1N1
vaccinations.

(775) 883-4732

OR

(775) 883-3768

REPORTING DATES - EXAMPLE

	OCTOBER									
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY				
	Aggregate Report Due									
	Aggregate Report Due									
	Aggregate Report Due									
	Aggregate Report Due									

- Reporting period (Sunday Saturday)
- Due by following Monday at 12pm (Noon)

DATA REPORTING WEBINARS

- Every Thursday
 - Details are located at <u>www.flu.nv.gov</u> under Health Care Providers and Webinars

CONTACTS

Nevada State Immunization Program (NSIP)
4150 Technology Way, Suite 210
Carson City, NV 89706
(775) 883-4732 OR (775) 883-3768

Contact Us:

Erin Seward: 775-684-3209 <u>eseward@health.nv.gov</u>
OR

Mandy Harris 775-684-4258 asharris@health.nv.gov